

CERTIFICATION/RECERTIFICATION

**ASBESTOS SUPERVISOR/WORKER  
IDENTIFICATION CARDS**

STATE OF DELAWARE  
DIVISION OF FACILITIES MANAGEMENT

NAME: \_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

CERTIFICATION #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

PICK-UP DATE: \_\_\_\_\_

PLEASE FILL OUT ONLY THE TOP PORTION OF THIS SHEET  
AND ATTACH TWO (2) PHOTOGRAPHS TO THIS BOTTOM PORTION.  
PHOTOGRAPHS MUST BE 1" X 1" IN SIZE. YOU CAN TAKE  
TWO (2) POLAROID PHOTOS APPROXIMATELY 4-5 FEET AWAY FOR  
THE EXACT SIZE OR YOU MAY HAVE TWO (2) PASSPORT PHOTOS  
TAKEN AS LONG AS THEY ARE TAKEN 4-5 FEET AWAY SO THAT  
THE FACE CAN FIT INTO A 1" X 1" SQUARE.